POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*HH*		9/18/01
O.I.P.E. CLASSIFIER		*IL*	7/26
FORMALITY REVIEW	*ZH*	1120	11-5-01
RESPONSE FORMALITY REVIEW	*RL*	1640	3-6-02

INDEX OF CLAIMS

✔	...... Rejected		N	...... Non-elected
=	...... Allowed		I	...... Interference
–	(Through numeral)... Canceled		A	...... Appeal
÷	...... Restricted		O	...... Objected

Claim		Date
Final	Original	
		9/13/8
1	✔	
2	✔	
3	N	
4	N	
5	O	
6	⊙	
7	✔	
8	✔	
9	✔	
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11	✔	
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Claim		Date
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If more than 150 claims or 10 actions
staple additional sheet here

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